

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 10108

2 Fiscal Year Covered From

1/1/2004 Through 12/31/2004

3 Name and address of person filing

Name SEAFLEY S. OSTERHOUT

P.O. Box Bldg Room No. If any

Street 23 MEADOW LANE DR

City DELTA

State OHIO

ZIP Code + 4 43515-7302

4 Name, file number, and address of labor organization

Name PLASTERERS - CEMENT MASON LOCAL 886

Labor Organization File Number 053-359

P.O. Box Building and Room Number If any

Street 4052 GSWZS AVE

City TOLCOO

State OHIO

ZIP Code + 4 43062-2396

5 Position in labor organization

BUSINESS AGENT

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6 Name and address of Employer (including trade name, if any).

Name

Trade Name, if any

P.O. Box, Bldg Room No. If any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction or Income

7.b. Amount

Signature

15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/15/05

Date

419 478 2652

Telephone Number

Name of Person Filing <u>JEFFREY S OSTERHOUT</u>	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)  Name _____  Trade Name if any _____  P O Box, Bldg Room No if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	9 Business deals with  <div style="margin-left: 20px;"> <input type="checkbox"/> a Labor Organization  <input type="checkbox"/> b Trust  <input type="checkbox"/> c Employer         </div>
10 If 9 b or 9 c is checked give trust or employer's name  Name _____  Trade Name if any _____  P O Box, Bldg Room No if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	11 a Nature of such dealing <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
	11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
	12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name <u>886-404 TENSION PLAN</u>  Trade Name if any _____  P O Box Bldg Room No if any _____  Street <u>33 FITCH BLVD</u>  City <u>AUSTINTOWN</u>  State <u>OHIO</u> ZIP Code + 4 <u>44515</u>	14 a Nature of payment  <u>AIRFARE, HOTEL REGISTRATION, DAILY EXPENSES</u> <u>FOR ATTENDANCE AT INTERNATIONAL FOUNDATION</u> <u>EDUCATIONAL SEMINAR.</u>
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment.  <div style="text-align: right;"><u>1,579.90</u></div>

Name of Person Filing <b>JEFFREY S DETERMOUT</b>		File Number U
Part C Continues on Page		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name <b>PLASTERERS &amp; CEMENT MASONRY JATC FUND LOCAL 896</b> Trade Name if any P O Box Bldg Room No if any Street <b>1845 COLLEGEWOOD BLVD</b> City <b>Toledo</b> State <b>Ohio</b> <b>43624-8636</b>	14 a Nature of payment <b>HOTEL AND DAILY EXPENSES AT UNITED STATES FAIR DEMONSTRATION AND EXHIBITION</b>	
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/>	14 b Amount of payment <b>\$1,539.1</b>	

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name <b>PLASTERERS &amp; CEMENT MASONRY JATC FUND LOCAL 896</b> Trade Name if any P O Box Bldg Room No if any Street <b>1845 COLLEGEWOOD BLVD</b> City <b>TOLEDO</b> State <b>OHIO</b> ZIP Code + 4 <b>43624-8636</b>	14 a Nature of payment <b>GUESTS FEES, CHART DINNER IN CONNECTION WITH DWENS COLLEGE ALUMNI FUNDRAISER</b>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/>	14 b Amount of payment <b>\$110.00</b>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/>	14 b Amount of payment